

Administered by DHCD**Electronic Application Signature Page****Application for State-Aided Public Housing**

Application Number:	118073
Date:	October 11, 2006 11:38:54 AM
Provider:	BMC

Programs

Applying for Programs:	State-Aided Public Housing
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Head of Household Name and Address

Name:	test test
Housing Type:	Shelter
Homeless Indicator:	Yes
Street Number:	8
Street Name:	main
Suffix:	
Street Type:	
Unit:	
City:	boston
State:	Massachusetts
Zip Code:	02121
Does the household have a different mailing address?	No
Date of Birth:	05/04/1968

State-Aided Public Housing Rights and Responsibilities:

I understand that this application is not an offer of housing. If my household is eligible and qualified, a housing authority at some future time may offer an appropriate State-Aided Public Housing unit. If, without good cause, I do not accept that offer, my application will be removed from the waiting list for that housing authority; the status of my application(s) on waiting lists for State-Aided Public Housing at any other housing authorities will be changed to that of a standard applicant without any priority or preference, and, if, I receive benefits at that time from the Massachusetts Department of Transitional Assistance, the amount and type of benefits may be reduced. In the event that I later reapply to any housing authority, my new application will not receive any priority or preference to which I had been entitled on the prior application for a three (3) year period.

I understand that it is my responsibility to inform each housing authority in writing of all changes in my address, income, and/or household composition promptly upon such change.

I and my adult household members have read, understood and signed the form entitled "General Authorization for Collection and Release of Information (Electronic Application) - Rights Under c. 66A (FIPA)."

I authorize each housing authority to which I have applied for housing to make inquiries to verify the accuracy of the information provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation of information could result in the denial of my application and imposition of legal sanctions as provided by law, including, if applicable, the penalties for perjury.

I further acknowledge my understanding that the housing authorities to which I have applied will request Criminal Offender Record Information from the Criminal History Systems Board and will seek relevant information about me and all adult members of my household.

I, _____ (applicant), have reviewed my application information contained in the Electronic Application Summary and certify under the pains and penalties of perjury the information to be complete (unless otherwise specified) and accurate. I have received and have read the State-Aided

Public Housing Application Rights and Responsibilities. I authorized the Virtual Gateway Authorized User to submit the electronic application on my behalf. I understand that by doing so and by signing this statement I have signed the application for state-aided housing to the same legal effect as if I signed a paper application.

Applicant Signature

Date

Print Name

VG Application #

Housing Assistance Provider Witness
Signature

Date

Print Name

VG User #